

Standing Authority for Recurrent Periodic Payment by Credit Card

Note: This form is to be destroyed once the Periodic Payment has been loaded

ACCOUNT DETAILS (Please print)	
Account Number	
Account Name	
Student(s) Name(s)	
Telephone	Mobile
Schedule Frequency	Amount per Schedule

Date of First Debit:

Date of Last Debit

I hereby authorise the School to charge my Credit Card with the nominated amount of school fees at the intervals specified above. In the event of any change in the amount of payment required.

This authority shall stand, in respect of the above specified card and in respect of any card issued to me in renewal (eg expiry date or cancellation) or replacement thereof, until I notify the School in writing of its cancellation or until all fees are paid in full.

Cardholder's Signature:

Date:

/ /

CARD DETAILS (Please print)

Name on Card

Telephone

Mobile

Card: (Please tick one)

Master Card

Visa Card

Expiry Date:

/

(American Express & Diners Club are not accepted)

Card Number:

CVV Number: (on back of card)